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Bib Data Sheet

CONFIRMATION NO. 4962

SERIAL NUMBER 10/643,620	FILING DATE 08/19/2003 RULE	CLASS 271	GROUP ART UNIT 3653	ATTORNEY DOCKET NO. 600.1278
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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 102 38 488.6 08/28/2002

22

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/13/2003

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <i>JGM</i> Initials	GERMANY	3	16	3

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## TITLE

Protective device for a delivery device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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